



INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT

KePRO's Service Authorization Process for Durable Medical Equipment



DMAS/KePRO Service Authorization Process Durable Medical Equipment

Overview of Service Authorization (SA) Process

- Submitting member Requests
- iEXCHANGE Demonstration
- Information needed for a Request
- Program Changes and Updates
- Question and Answer Session

Verifying Eligibility

- **How do I verify member eligibility?**
DMAS web-based ARS at: <http://virginia.fhsc.com>
Medicall at 1-800-884-9730 or 1-800-772-9996
- **Eligibility verification avoids unnecessary delays associated with SA submission (due to incorrect payer source). Eligibility should be checked for each date of service.**
- **Providers must submit SA requests for member eligible dates under Medicaid Fee For Service Plan.**

Submitting SA Requests

The Service Type for Durable Medical Equipment Services can be:

- **0100 DME**
- **0092 Pediatric Orthotics (EPSDT)**

Submitting SA Requests

Requests may be submitted via:

- When adding provider, make sure correct NPI number is utilized.
- iEXCHANGE
- Fax: 877-652-9329
- Telephone: 888-827-2884 or (local) 804-622-8900
- Mail: **KePRO**
2810 North Parham Road, Suite 305
Henrico, VA 23294

Submitting SA Requests

- **Do not send duplicate requests via iEXCHANGE, multiple faxes, phone, or mail unless specifically instructed by KePRO to re-send.**
- **This only causes confusion and slows the process. Please include a contact person, phone and fax number from your agency or facility on all submissions so contact can be made if there are questions.**

- **Registration is required. Once completed, providers can expect to receive their iEXCHANGE user login and password via email within 10 business days.**
- **iEXCHANGE can be used to submit requests 24 hours/day, 7 days a week.**
- **For any questions regarding registration, contact KePRO at 888-827-2884 or via e-mail at: ProviderIssues@kepro.org**

Submitting SA Requests via iEXCHANGE

- A step-by-step iEXCHANGE user manual, on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at:
<http://dmas.kepro.org/default.aspx?page=iexchange>
- iEXCHANGE is the most efficient and accurate way to submit a Service Authorization Request

Submitting SA Requests via Fax

- SA request fax forms are posted on the DMAS and KePRO websites.

<http://dmas.kepro.org>

- The form is available on the KePRO website:

An editable Word version, that allows providers to save the form and input responses directly on to the form. Use of editable version of the SA request form will expedite processing and is preferred if providers are not using iEXCHANGE.

Submitting SA Requests by Fax or Mail

- Please clearly indicate if a submission is an initial request, change, or a cancellation on the fax forms. Please also include the SA# that needs to be changed or cancelled.
- Use Fax Form: DMAS 363 for Outpatient Service Authorization Request.
 - For retrospective review please indicate date when notification was received of eligibility.
 - All relevant clinical information should be included in the *Severity of Illness (SI) and Intensity of Service (IS)* box.

Please do not state “see attached” or “meets criteria,” and do not send attachments with the fax forms.

Information Needed for a Request

Information From CMN/ DMAS 352 Certificate of Medical Necessity

- **The CMN and any supporting verifiable documentation must be completed (signed & dated by the physician, nurse practitioner, or physician assistant) within 60 days from the time the ordered DME & supplies are provided to the member. This information can be found in the DME & Supplies Manual, Ch. IV**

Information Needed for a Request

Please include the following under the “Severity of Illness” box in iEXCHANGE.

ALL INFORMATION FROM THE CMN / DMAS 352

- **Mobility Impairments**
- **Endurance Impairments**
- **Restricted Activity**
- **Skin Breakdown if Applicable (Site, Size, Depth and Drainage)**

Information Needed for a Request Continued

ALL INFORMATION FROM THE CMN / DMAS 352

- **Impaired Respiration if Applicable with Most Recent PO₂ Level.**
- **Does the member require Assistance with ADL's.**
- **Speech Impairments**
- **Required Nutritional Supplements**

Information Needed for a Request Continued

ALL INFORMATION FROM THE CMN / DMAS 352

- **Is the Item Suitable for Use In Home**
- **Does the Patient/Caregiver demonstrate Willingness / Ability to Use the Equipment**
- **Date Patient Last Examined By MD**
- **List ICD-9 Code, Diagnosis Description and Date of Onset**

Information Needed for a Request Continued

ALL INFORMATION FROM THE CMN/DMAS 352

- **For Each Item Requested:**
 - Begin Service Date
 - HCPCS Code
 - Item Description
 - Length of Time Needed
 - Quantity Ordered per Month
 - Quantity/Frequency of Use
 - Practitioner (Nurse Practitioner, Physician Assistant, or Physician Signature and Date)

Information Needed for a Request Continued

Please include the following under the “Severity of Illness” box in iEXCHANGE.

- **Please indicate if Items are Rentals or Purchases**
- **Please also include a brief description of the patient condition including:**
 - **Current Symptoms**
 - **Reason the Equipment is Needed**

This information assists the reviewers in further assessing the patient’s condition.

Tips For Submitting Requests

- Required DME SA Checklist are available at <http://dmas.kepro.org>
- When requesting a wheelchair, please include the wheelchair evaluation results and the correct wheelchair code
- E1399's – Cannot be used if a Valid HCPCS code exists (refer to DME & Supplies Manual, Appendix B)
- A list of Non-Covered Items is available in the DME & Supplies Manual, Chapter IV
- FOR CPAP Machines please include the most current Sleep Study results

ICD-9 Codes

- **All Service Authorization submissions require the primary ICD-9 diagnosis code. (include all 5 digits where applicable) relative to the SA requested service (s) is required unless otherwise directed.**
- **For DME SA requests, the “working” diagnosis ICD-9 code is sufficient.**
- **iEXCHANGE provides a search feature for ICD-9 diagnosis codes and procedure codes. These codes are also available in an Excel format at:**
<http://dmas.kepro.org/default.aspx?page=faq>

Reference Materials

- **Criteria that is used for review consists of the InterQual Durable Medical Equipment, DME & Supplies Manual, Virginia Administrative Code, EPSDT and DMAS Rules.**
- **The DMAS DME & Supplies Manual gives important information regarding coverage of DME items and the Service Authorization process. For Specific SA information, please reference Appendix D.**
- **Appendix B of this manual contains the Virginia Medicaid DME supplies listing. This list is based on HCPCS codes. It describes equipment and supplies and identifies those which require Service Authorization.**
- **Coverage criteria are in Chapter IV of the DME & Supplies Manual and the Virginia Administrative Code.**

Submitting Additional Information

- **To submit additional information on a pended case:**

Via iEXCHANGE-

Providers may submit additional information through **iEXCHANGE** by choosing "add to comments". (NOTE: The "extend case" feature is used when requesting additional days of coverage). Whenever a provider "adds to comments", this puts the case back in the nurse review queue.

FAX / PHONE-

Providers may receive a KePRO notice requesting additional information. Please submit this information by following the instructions provided on the "additional information request". Please label the document as additional information.

Overlapping Dates with the Same Provider

- For on-going Service Authorizations, check your files and verify the dates that have been authorized, denied or pended before submitting your request.
- Submit your request using the correct begin and end dates.
- If your new SA request overlaps with an approved SA, your new request will be rejected and returned to you to correct the beginning and/or ending dates. (Overlap may be same member, same provider type, same service, same or multiple providers, same or overlapping dates)

Case Number/Medicaid Number / SA Number

- Medicaid ID number consists of 12 digits (example-123456789012)
- KePRO Case Number consists of 9 digits with one dash (example-07000-0000).
- SA number generated by DMAS Fiscal Agent is 11 digits (example-12345678901).
- Without the correct number of digits, it will take longer to process the request.

- **A case number is generated after a Service Authorization request has been submitted.**
- **The case number is different from the SA number.**
- **The case number is used for tracking the case through the KePRO system.**
- **The Service Authorization number is posted on iEXCHANGE and sent via fax for all submissions.**

Receiving a SA Number from DMAS Fiscal Agent

- The DMAS Fiscal Agent letter will indicate the SA number.
- SA notification letters are sent to the provider “mail to” address on file with the Provider Enrollment Unit
- If there is no "Mail to" address, the letter goes to the service address.
- Providers who wish to change their “mail to” address may do so by contacting:

First Health Services – Provider Enrollment Unit (PEU)

PO Box 26803

Richmond, VA 23261-6803

Phone: 1-888-829-5373 (in state toll-free)

1-804-270-5105 Fax: 1-804-270-7027

Receiving a SA Number from DMAS Fiscal Agent

- You may obtain the SA number from the web-based ARS at: <http://virginia.fhsc.com>
- The ARS system is easy to use. It is accessible to anyone with an internet-connected PC and a web browser.
- Medcall at 1-800-884-9730 or 1-800-772-9996
- New users must register for ARS online at: <http://virginia.fhsc.com/>. Users will receive a phone call from DMAS Fiscal Agent (within 72 hours of registration) with instructions.

Retroactive Reviews

- **SA requests for retroactively eligible members or “retro-reviews” are only for cases that the member has Medicaid retroactive eligibility.**
- **Requested start of care date should be entered as the first day hands-on service was provided to the individual once Medicaid eligibility was effective.**
- **On the fax form – Please mark Retro Eligibility and indicate if review is due to Medicare B denial, or MCO disenrollment**
- **Please include MCO service authorization #.**

CHANGE TO Service Authorization Process Effective 7/1/10.

Refer to June 17, 2010 DMAS Medicaid Memo and the updated DME and Supplies Manual, Chapter IV, Appendix B and Appendix D.

FOR INCONTINENCE SUPPLIES

- **Diapers**
- **Pull-ups**
- **Pantyliners**
- **Refer to June 17 2010 DMAS Medicaid Memo and the updated DME and Supplies Manual, Chapter IV, Appendix B and Appendix D.**

DME Incontinence Supplies

- The “Medicaid DME Supplies Listing”/Appendix B which is based on the Health Care Financing Administration Common Procedure Coding System (HCPCS), describes equipment and supplies and identifies those which require Service Authorization.
- Service Authorization is required for items identified with a “Y” in the authorization column of the DME Listing/Appendix B, and for any item exceeding the established limits identified in the “limit” column of the DME Listing/Appendix B.

DME Incontinence Supplies

- **The DME Listing/Appendix B identifies the information above. It does not determine coverage of an item. Coverage criteria are in Chapter IV of the Durable Medical Equipment and Supplies Manual and the Virginia Administrative Code (12VAC30-50-165).**
- **Service Authorization is requested by the enrolled DME provider and not by healthcare professionals involved with the member's care.**

DME Incontinence Supplies

- For Detailed information regarding changes to DME Program for Incontinence Supplies, copy and past link below into Web browser address bar. This will take you directly to appropriate PowerPoint that outlines these changes.
- <http://dmas.kepro.org/docs/training/training%20-%20outpatient%20services/DMEIncontinenceSuppliesKePROVersion.pdf>

Program Changes and Updates

Check the Medicaid Memos and Manuals online at: <http://dmasva.dmas.virginia.gov>

DME & Supplies Manual, Appendix B and Appendix D

Click on the link to Providers Services

or

<http://dmas.kepro.org>

Submitting an Appeal

- **All appeal requests are to be submitted in writing to:**

Appeals Division

Department of Medical Assistance Services

600 East Broad Street, 11th Floor

Richmond, VA 23219



Questions?